

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L 71808**

1. Entity Name  
**7 DAYS FOOD MARKET, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 DEC 17 PM 12:15

Principal Place of Business: **2800 NW 21 AVE OAKLAND PARK FL 33311**  
Mailing Address: **2800 NW 21 AVE OAKLAND PARK FL 33311**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: **1696 S 22nd Ave**  
Suite, Apt. #, etc.

05-30-01 90035 017 \$15875  
DO NOT WRITE IN THIS SPACE

City & State: **HOLLYWOOD FL**  
Zip: **33020** Country: **USA**

4. FEI Number **FD# 65-0208553** Applied For:  Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**NASSER SALAMA**  
**1696 S 22nd Ave**  
**HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: **FL** Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001. Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	<b>NASSER SALAMA</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>1696 S 22nd Ave P 7 &amp; C</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

*12/24*

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Asalana*

12-12-01

CR2E034 (5/01)

7 DAYS FOOD MARKET INC  
1696 S 22nd. AVE.  
HOLLYWOOD ,FL. 33020

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State Of Florida  
Division Of Corporation  
P.O. Box 6327  
Tallahassee Fl. 32314

Dear Sirs/ Madams

Enclosed is an amended 2001 UBR, to replace the original form which you returned in June of 2001.

We had been informed that the original form was returned in June due to the fact that the relevant FEI number was wrongly reported.

We would like to inform that we did not receive that returned form and you are kindly requested to accept the enclosed form and also to accept our excused and waive any penalties.

Please accept our very best wishes for happy holidays and a happy new year 2002.

SINCERELY YOURS

*AA alaw*  
NASSER SALAMA  
PRESIDENT

12-12-01